

*** EMPLOYMENT ***

COMPLAINT OF DISCRIMINATION UNDER
THE PROVISIONS OF THE CALIFORNIA
FAIR EMPLOYMENT AND HOUSING ACT

DFEH # E200607 M-0905-00-ac

DFEH USE ONLY

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

YOUR NAME (Indicate Mr. or Ms.)

TELEPHONE NUMBER (INCLUDE AREA CODE)

MR. CHARLES ROBERT PETTIT

925-2291033

ADDRESS

118 COSTANZA DR.

CITY/STATE/ZIP

MARTINEZ CA

CONTRA COSTA

COUNTY CODE 94553

NAMED IS THE EMPLOYER, PERSON, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE,
OR STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME:

NAME

CONTRA COSTA REGIONAL HEALTH CENTER

TELEPHONE NUMBER (include Area Code)

ADDRESS

2500 ALHAMBRA AVE

CONTRA COSTA

DFEH USE ONLY

CITY/STATE/ZIP

MARTINEZ, CA

COUNTY

COUNTY CODE

94553

NO. OF EMPLOYEES/MEMBERS (if known)

DATE MOST RECENT OR CONTINUING DISCRIMINATION

RESPONDENT CODE

TOOK PLACE (month, day, and year)

THE PARTICULARS ARE:

On NOV 29, 2006, I was

☒ fired☐ told off☐ demoted☒ reassigned☐ genetic characteristics testing☐ forced to quit☐ denied employment☐ denied promotion☐ denied transfer☐ denied accommodation☒ impermissible out-of-office inquiry☐ other (specify)☐ denied family or medical leave☐ denied pregnancy leave☐ denied equal pay☐ denied right to wear pants☐ denied pregnancy accommodation(DR RAMON BERGUEZ)
by CHIEF OF SURGERY

Name of Person

DANGEROUS/SUBSTANDARD CARE

Job Title (supervisor/manager/personnel director/etc.)

because of my:

☒ sex☐ age☐ religion☐ race/color☐ national origin/ancestry☐ marital status☐ sexual orientation☐ association☐ physical disability☐ mental disability☒ other (specify)☐ cancer☐ genetic characteristics

(Circle one) filing:

Protesting; participating in
investigation (retaliation for)

the reason given by DR RAMON BERGUEZ (M.D.)

Name of Person and Job Title

Was because
of [please
state what
you believe to
be reason(s)]I complained to a superior (M. GORDON, M.D.)
ABOUT SUBSTANDARD PT CARE RELATED TO, IN PART, THE
DISTANCE PHYSICIANS LIVE FROM HOSPITAL AND UNWILLINGNESS
TO RESPOND APPROPRIATELY TO EMERGENCY ROOM CALLS / PATIENT TREATMENTI wish to pursue this matter in court. I hereby request that the Department of Fair Employment and Housing provide a right-to-sue notice. I understand that if I
want a federal notice of right-to-sue, I must visit the U.S. Equal Employment Opportunity Commission (EEOC) to file a complaint within 30 days of receipt of the
DFEH "Notice of Case Closure," or within 300 days of the alleged discriminatory act, whichever is earlier.I have not been coerced into making this request, nor do I make it based on fear of retaliation if I do not do so. I understand it is the Department of Fair
Employment and Housing's policy to not process or reopen a complaint once the complaint has been closed on the basis of "Complainant Elected Court Action."I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge except as to matters
stated on my information and belief, and as to those matters I believe it to be true.

Dated

1-11-07

COMPLAINANT'S SIGNATURE

At

Martinez

City

DATE FILED: January 12, 2007

RECEIVED

JAN 12 2007

Department of Fair
Employment and Housing
Oakland District Office

STATE OF CALIFORNIA

DFEH-300-03 (01/05)

DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

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